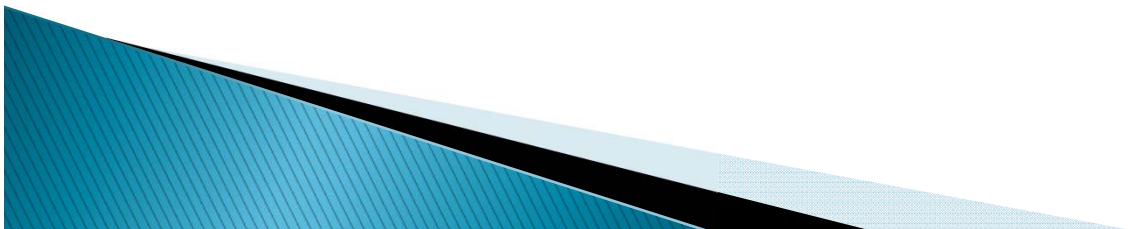


Maryland's Developmental Disabilities Administration Resource Coordination Transition

The Meeting House, Columbia
September 7, 2012
Presented by: Rhonda Workman

Agenda

- Introductions
- People We Support
- Current System
- “What people want”
- Resource Coordination Methodologies (Service Models)
- Input Process (Fiscal Year 2010 – Fiscal Year 2012)
- New System
- Scope of Services
- Lunch Break



Agenda (After Lunch)

- Service Areas (Regions)
- DDA Licensed Provider Requirements
- Resource Coordination Provider Requirements
- Provider Interest Meetings
- Selection Process
- Transition Plan
- Frequently Asked Questions
- Next Steps



Introduction/Overview

The Maryland Department of Health and Mental Hygiene (DHMH), Developmental Disabilities Administration (DDA) provides a coordinated service delivery system so that people with developmental disabilities receive appropriate services oriented toward the goal of integration into the community.

Services are provided through a combination of State Residential Centers (providing services to individuals with intellectual disability), Forensic Centers, and a wide array of community-based services delivered primarily through a network of non-profit providers.



DDA Service Delivery System

- The DDA *partners* with people with developmental disabilities to provide leadership and resources to live fulfilling lives.
- The DDA's believes that people with developmental disabilities have the right to direct their lives and services; should have viable support options available to the public at large; and should have information to make decisions.
- The DDA currently provides funding for community based services for over 20,000 persons and maintains a Waiting List for people eligible for funding.

DDA Service Delivery System

- The DDA's community-based service delivery systems includes various home and community-based services and supports provided through either a Medicaid Waiver program (i.e. Community Pathways or New Directions) or via State funded services.
- The DDA is the administering agency, on behalf of Medicaid, for the Community Pathways and New Directions waivers.



DDA Service Delivery System

- The DDA believes that people with developmental disabilities are valuable and contributing members of their community.
- People and families should have access to necessary services and supports in the least restrictive, most appropriate, and most effective environment possible.



Resource Coordination

- Plays a vital role in the delivery of services to people with developmental disabilities
- Some times referred to as service coordination or case management by Medicaid
- Critical for connecting people with developmental disabilities and their families to services and supports within various other systems or community resources including medical services, educational services, housing assistance, food stamps, public transportation, social activities, etc.



Resource Coordination

- Resource coordination covers a wide range of assessment, planning and coordination, referral, and monitoring activities to assist a person to obtain and retain services needed, including comprehensive assistance in gaining access to needed supports and services regardless of how the services are financed.



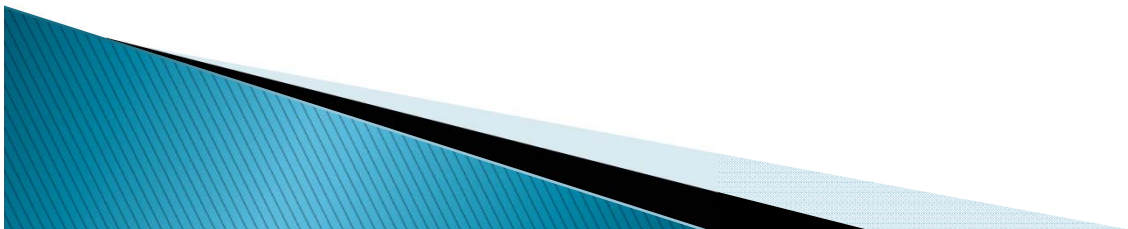
Resource Coordination

- There is increasing evidence that linking people and families to natural and informal networks leads to improved outcomes and reduced reliance on formal services.
- These linkages are essential to be fully integrated in one's community.
- Resource coordinators are the agent of the person and facilitator of service plans to help people achieve person-defined outcomes.



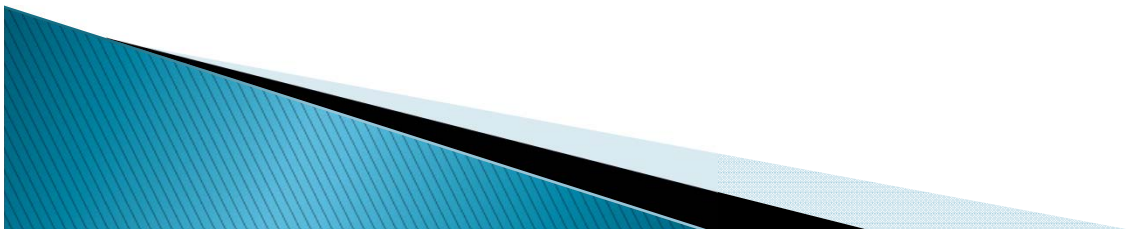
People DDA Supports

- The DDA supports *both children and adults* with various ages, needs, and environments across the State.
- Some people have complex needs including:
 - ✓ medically complex conditions;
 - ✓ emotional and/or behavioral challenges and needs;
 - ✓ court involvement; and
 - ✓ transitioning from foster care and various institutions (e.g., out of State placements, State Residential Centers, State Psychiatric Hospitals, Nursing Facilities, etc.).



People DDA Supports

- Some people have involvement with multiple State service delivery systems, including:
 - ✓ Department of Human Resources (DHR) foster care,
 - ✓ Department of Juvenile Services (DJS) juvenile services,
 - ✓ Mental Hygiene Administration (MHA) behavioral health services,
 - ✓ Medicaid's skilled care, and
 - ✓ other Medicaid Waiver programs such as the Autism, Model, and Living at Home Waiver programs.



People DDA Supports

- The DDA also supports families and caregivers with family support services.
- The population and geographic distribution of needs, services, and DDA licensed service providers varies across the State.



People DDA Supports

- The DDA provides assistance and resource coordination services to people:
 - ✓ applying for funding;
 - ✓ currently receiving on-going community services regardless of program (i.e. Waiver or State Funded);
 - ✓ people transitioning from an institution; and
 - ✓ people eligible for services on the DDA Waiting List based on funding allocated by the General Assembly.



People *Applying* for Funding

- Resource coordination services assist *people and families applying for funding and services* from the DDA.

This includes assistance with the DDA application, assessment of current needs and circumstances, and recommendations for both eligibility and priority categories.



People *Waiting* for DDA Funding

DDA's Resource coordination services assist *people and families waiting for funding and services* including the following:

- Assessing ongoing and changing needs and eligibility;
- Service and transition planning;
- Providing information and accessing generic and other community services thus:
 - ✓ Preventing crisis;
 - ✓ Providing connections for people and their families to services while waiting;
 - ✓ Decreasing reliance on limited State funding;

People *Waiting* for DDA Funding

DDA's Resource coordination services assist *people and families waiting for funding and services* including the following:

- Coordinating and triaging various service delivery systems;
- Monitoring and follow up activities on referrals and applications; and
- Preventing and/or decreasing health and safety risk.



People *Receiving* DDA Funding

DDA's resource coordination services assist *people and families receiving DDA funding and services* by:

- ✓ planning;
- ✓ coordinating;
- ✓ assessing;
- ✓ applying for various programs/resources; and
- ✓ monitoring of needs, services, and compliance with program rules and regulations.

*This included people on one of the DDA Waiver programs and people supported with State funding.

Emergency Situations

- In addition to the people in ongoing services or on the Waiting List, the DDA receives *emergency referrals* from family members, hospitals, police, DHR's Protective Services, and the court system.
- Once made aware of the emergency, the DDA must respond immediately to determine eligibility, needs, funding, and services to protect the health and welfare of the person.
- Resource coordinators may be contacted to assist the DDA during these times, including outside normal business hours.

Overview of Current System

Resource Coordination Services provided to:

- ✓ 12,867 people in one of the DDA Waivers
- ✓ 2,644 people in State Funded Services
- ✓ 7,328 people on the DDA Waiting List
- Two “groups” of people:
 - ✓ Medicaid (17,373 people)
 - ✓ Non-Medicaid (5,466 people)

Notes:

1. Data as of September 7, 2012
2. Non-Medicaid means person does not have a Medicaid number in the DDA data system. It does not mean the person is or is not eligible for Medicaid.

Overview of Current System

Various procurement methodologies and service models including:

1. Waiver Service
2. Targeted Case Management
3. Resource Coordination Contracts
 - ✓ Private contracts with community agencies
 - ✓ Unified Funded Agreements (UFA) with local health departments
 - ✓ Memorandum of Understanding (MOU)



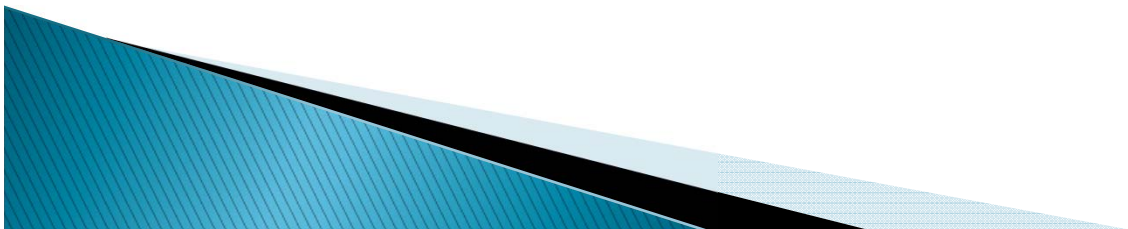
Overview of Current System

- Many variations related to:
 - ✓ access to services
 - ✓ rates paid for services
 - ✓ providers of services
- People have limited choice to one agency



People told us they want:

- Ability to choose
- Knowledgeable
- Responsive



Input, Feedback, & Communication

Fiscal Year 2009

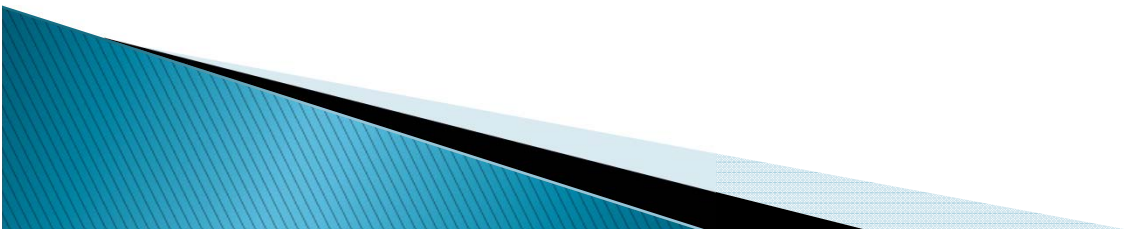
- Focus Groups throughout the State with people receiving Resource Coordination and their families
- Series of work sessions, facilitated by an independent consultant with Resource Coalition to discuss new design
- Quarterly meetings conducted with the Resource Coordination Coalition for general questions, answers, and input.



Input, Feedback, & Communication

Fiscal Year 2010

- Six Town Hall meetings statewide to share information about DDA projects and recruit workgroup members
- Two public meetings with a national expert
- Work groups began convening
- Quarterly meetings conducted with the Resource Coordination Coalition for general questions, answers, and input.



Input, Feedback, & Communication

Fiscal Year 2011

- Methodology Announcement
 - ✓ Resource and DD Coalition meeting
 - ✓ Personal phone calls to existing resource coordination providers
 - ✓ Health Officers Roundtable
- Solicited existing providers data collection systems
- Face book posting of drafted materials
- DDA Webpage posting
- Established DDA Resource Coordination email address
- Established on-going regular meetings with both Medicaid and the Office of Health Care Quality

Input, Feedback, & Communication

Fiscal Year 2011 - continued

- Letters sent to:
 - ✓ All resource coordination recipients
 - ✓ Resource coordinators
 - ✓ DDA licensed providers

- Returning phone calls and emails received from people receiving services, families, and other interested parties

- Responding to facebook posting, emails, and other inquiries as received



Input, Feedback, & Communication

Fiscal Year 2011 – continued

- Comments submitted directly to the DDA Executive Director.
received from:
 - ✓ Maryland Disability Law Center (MDLC)
 - ✓ Service Coordination, Inc. (SCI)
 - ✓ ARC of Frederick County
 - ✓ Maryland Department of Disabilities
- IP Work group meetings
- Center for Medicare and Medicaid Services (CMS) technical Assistance
 - ✓ Written correspondence and guidance
 - ✓ Conference calls

Input, Feedback, & Communication

Fiscal Year 2012

- Leadership changes
- Data collection and analysis related to establishing a rate
- Examination of case loads and staffing needs
- Implementation of TCM standardized scope of work and deliverable with Health Department utilizing Unified Funding Agreements (UFA's)
- Extended Service Coordination Inc. (SCI) existing private resource coordination contract until TCM full implementation to prevent one year disruptions to people and families services



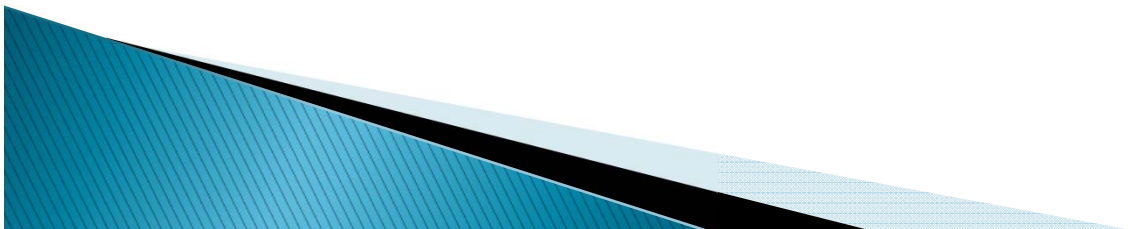
DDA is committed to coordinating services and supports that are:

- Individualized, reflecting a continuum of services and/or supports, both formal and informal, based on the unique strengths of each person and their family/caregivers;
- Provided in the least restrictive, most natural setting appropriate to meet the needs of the person and family;
- Person directed;
- Family-driven and child/youth-guided, with families, children, and youth engaged as active participants at all levels of planning, organization and service delivery;



DDA is committed to coordinating services and supports that:

- Promote integration with the community at large;
- Prevent and reduce crisis, emergencies, hospitalization, and institutionalization;
- Protective of the rights of children, youth, adults, and their family/caregivers;



DDA is committed to coordinating services and supports that are:

- Holistic including generic, local, State, federal, and other resources and funding beyond DDA;
- Community-based, coordinated and integrated with various services and supports including:
 - ✓ generic (i.e. services available to the public at large);
 - ✓ community, local, federal, and State programs for needed medical, social, educational and other services including community housing agencies, connecting the person with self advocacy groups, recreation, social, and DDA services;



DDA is committed to coordinating services and supports that are:

- Culturally and linguistically competent, with agencies, programs, services and supports that are responsive to the cultural, racial and ethnic differences of the populations we serve; and
- Collaborative across long term services and support systems, involving Medicaid and other insurances, mental health, child welfare, juvenile services, education, substance abuse, somatic health and other system partners who are responsible for providing services and supports to people eligible for DDA funding.



Medicaid Eligible Options

Medicaid Authority	Eligible for Service	Services Provided	Federal Matching Rate
Administrative	All people Medicaid eligible	Medicaid services only	Administrative rate
Waiver Service	Waiver participants only	Medicaid and non- Medicaid services	Service rate
Targeted Case Management (TCM)	All people Medicaid eligible	Medicaid and non- Medicaid services	Service rate

Note: Maryland's federal matching rate for both administrative and service rates is 50/50.

State Funded Options

- Private contracts or
- Establish rates in regulations



DDA's Resource Coordination Plan

- Medicaid eligible - Targeted case management methodology
- Non-Medicaid eligible - Established DDA rates
- Standardized holistic services across the State
- Fair and equitable (same service regardless program, funding source, Medicaid/Non Medicaid eligible)



DDA's Resource Coordination Plan

- Serve more people with same amount of funding
 - ✓ Everyone in a waiver and State funded services
 - ✓ People on the DDA Waiting List
 - ✓ People transitioning from institutions
- Provide greater choice



Scope of Services

Services

- ✓ Eligibility
- ✓ Waiting List Coordination
- ✓ Community Coordination
- ✓ Transition Coordination

Types of Activities

- ✓ Assessment
- ✓ Referral
- ✓ Plan Related
- ✓ Monitoring and Follow-up



Eligibility Services

- A. **Comprehensive Assessment** of the person's needs and supports to determine eligibility as noted in COMAR 10.22.12, Eligibility for and Access to Community Services for Individuals with Developmental Disability, within 45 days of referral by DDA including analysis of the following:
- 1) General medical, developmental, and mental condition;
 - 2) Desires, expectations, dreams, aspirations, and goals;
 - 3) Environmental, social, and functional status;
 - 4) Full range of service needs and preferences; and
 - 5) Completion of the DDA's Critical Needs Recommendation form.

*For people applying for funding from the DDA.

Eligibility Services

B. Assistance with information gathering such as obtaining professional evaluations and assessments necessary to document and confirm eligibility and priority for services;

*For people applying for funding from the DDA.

Eligibility Services

C. Referral and related activities, at time of initial meeting and any follow up contacts, such as:

- 1) sharing information,
- 2) making referrals, and
- 3) assisting the person with applications to generic (i.e. services available to the public at large), community, local, federal, and State programs for needed medical, social, educational, and other services including community housing agencies, connecting the person with self advocacy groups, recreation, social, and DDA services.

*For people applying for funding from the DDA.

Waiting List Coordination

A. Referral and related activities, at time of initial meeting and any follow up contacts, such as sharing information, making referrals, and assisting the person with applications to:

- 1) Community connections, generic, and natural supports;
and
- 2) State and federal programs.

*For people on the DDA Waiting List.

Waiting List Coordination

B. Waiting List Service Plan,

1) Development of plan which:

- a. Focuses on the provision of services in the most integrated setting;
- b. Is developed in collaboration with the person and their identified representatives; and
- c. Is completed within the first thirty (30) days of initial meeting, in a format as approved and required by the DDA.

2) Update and revise the plan as circumstances change.

3) Annual Plan Update to be conducted within 365 days of the previous initial plan.

*For people on the DDA Waiting List.

Waiting List Coordination

C. Monitoring and follow-up based on the minimum frequency noted on next slide, to include:

- 1) Follow up on current circumstances, progress toward goals, and referral status;
- 2) Identification of new support and resource options for intake and referral; and
- 3) Submit updates to DDA Regional Office on circumstances related to health and safety or changes to priority status.

*For people on the DDA Waiting List.

Waiting List Coordination

Monitoring and follow-up *based on the person's DDA*

Waiting List priority category:

- *Crisis Resolution* – minimum monthly face-to-face contacts for first 90 days and then face-to-face quarterly meetings until priority category changes, unless otherwise authorized by DDA, or services offered;
- *Crisis Prevention* – minimum quarterly face-to-face quarterly contacts until priority category changes, unless otherwise authorized by DDA, or services offered; or
- *Current Request* – minimum annual face-to-face contact until priority category changes, unless otherwise authorized by DDA, or services offered.

*For people on the DDA Waiting List.

Community Coordination Services

A. Referral and related activities, at time of initial meeting and any follow up contacts, such as sharing information, making referrals, and assisting the person with applications to:

- 1) Community connections, generic, and natural supports;
and
- 2) State and federal programs.

*For people receiving on going funding for DDA community services.



Community Coordination Services

B. Individual Plan (IP), in a format approved by the DDA, which includes:

- 1) Development of plan which:
 - a. Focuses on services in the most integrated setting;
 - b. Is developed in collaboration with the person and their identified representatives;
 - c. Offering people choice of services and services providers;
 - d. Is completed within the first thirty (30) days of initial meeting, in a format as approved and required by the DDA;
 - e. Contains all elements noted in COMAR 10.22.05; and
 - f. Includes back up plans for direct care staff and natural disasters.

*For people receiving on going funding for DDA services.

Community Coordination Services

- 2) Facilitating and coordinating interim meetings as needed with the person;
- 3) Update and revise the IP as circumstances change; and
- 4) Facilitating and coordinating the annual IP update to be conducted within 365 days of the previous plan.

*For people receiving on going funding for DDA community services.



Community Coordination Services

C. Monitoring and follow-up activities which includes:

- 1) Within thirty (30) days of service initiation, review the IP and update or modify as needed.
- 2) Minimum quarterly face-to-face contact with the person to assess current needs and satisfaction which shall be conducted in the different settings where DDA services are being rendered (i.e. own home, day program, group home/alternative living unit);

*For people receiving on going funding for DDA community services.

Community Coordination Services

- 3) Monitoring, follow-up, and documentation (in format approved by the DDA) on the implementation of the plan to include assessment of:
- a. Services being rendered as specified in the plan,
 - b. Progress toward goals,
 - c. Routine medical care, needed health services, and follow up,
 - d. Request for service change and modifications to meet health and safety needs and goals,
 - e. Back up plans for direct care staff and natural disasters;

*For people receiving on going funding for DDA community services.



Community Coordination Services

4) Assist with on-going referrals as needed;

5) Assistance with transitioning to new services, providers, and/or unpaid supports;

6) Monitoring, follow-up, and documentation on all reportable incidents as defined in DDA's Policy on Reportable Events (<http://dda.dhmf.maryland.gov/SitePages/policies.aspx>).

7) Submitting person specific updates to DDA as needed or requested.

*For people receiving on going funding for DDA community services.

Community Coordination Services

8) Maintaining Waiver Eligibility which includes:

- a. Assessment of and completion of certificate of need form annually within 365 days of the previous assessment forms ,
- b. Assessment of Medicaid financial eligibility annually or more frequently as needed, and
- c. Re-application if gap in eligibility occurs.

*For people receiving on going funding for DDA community services.



Transition Coordination Services

A. Referral and related activities, at time of initial meeting and any follow up contacts, such as sharing information, making referrals, and assisting the person with applications to:

- 1) Community connections, generic, and natural supports;
and
- 2) State and federal programs.

*For people transitioning from an institution into community services.



Transition Coordination Services

B. Assessment and completion annually of the automated Written Plan of Habilitation form within the DDA's information system (PCIS2) for people residing in an State Residential Center only which includes:

- 1) Identification of various service and support needs of the person to transition to the community;
- 2) Recommendation of a range of the most integrated setting service options both licensed through and outside the DDA; and
- 3) Identification of community-based Medicaid waiver services and any other services and supports that may be available.

**For people transitioning from an institution into community services.*

Transition Coordination Services

C. Transition Service Plan, in a format approved by the DDA, which includes:

1) Development of plan which:

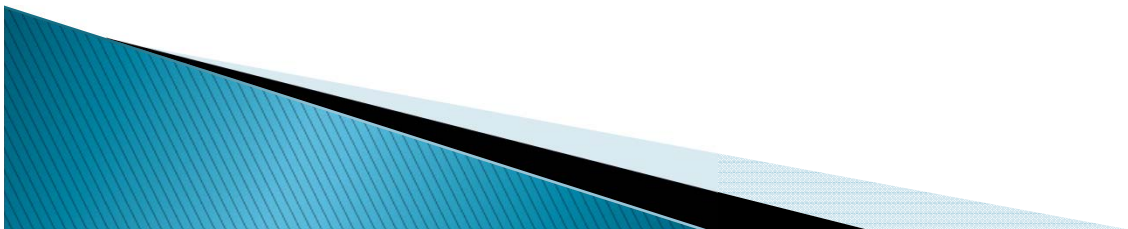
- a. Focuses on transition from the institutional setting to the community;
- b. Is developed in collaboration with the person and their identified representatives;
- c. Offers people choice of services and services providers;
- d. Addresses challenges to transitioning;
- e. Is completed within the first thirty (30) days of initial meeting, in a format as approved and required by the DDA;

**For people transitioning from an institution into community services.*

Transition Coordination Services

- 2) Facilitating and coordinating interim meetings as needed with the person;
- 3) Update and revise the plan as circumstances change; and
- 4) Facilitating and coordinating the annual plan update to be conducted within 365 days of the previous plan.

*For people transitioning from an institution into community services.



Transition Coordination Services

D. Monitoring and follow-up activities, in format approved by the DDA, to include:

- 1) Follow-up on current circumstances, progress toward goals, and referral status;
- 2) Identification of new support and resource options for intake and referral;
- 3) Submitting updates to DDA Regional Office regarding changes in circumstances and as requested; and
- 4) Increased contact frequency as needed based on active transition process.

*For people transitioning from an institution into community services.



Questions



Lunch Break



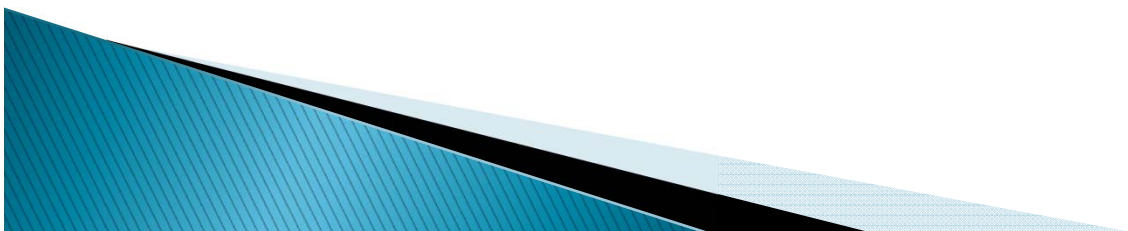
Agenda

- Service Areas (Regions)
- DDA Licensed Provider Requirements
- Resource Coordination Provider Requirements
- Provider Interest Meetings
- Selection Process
- Transition Plan
- Frequently Asked Questions
- Next Steps



Service Areas (Regions)

Region	Private	Health Department
Central	3	All
Southern	3	All
Eastern	3	All
Western	3	All



DDA Licensed Provider Requirements

- Be incorporated in the State of Maryland unless operating as a MD State Agency Department of Health.
- Have a Board of Directors or local advisory board
- Meet the requirements of a DDA licensed provider as set forth in DDA's *Administrative Requirements for Licensees* (COMAR 10.22.02)

DDA Licensed Provider Requirements

- Be enrolled as a Medicaid provider and meet all the conditions for participation as set forth in COMAR 10.09.36.03.



Resource Coordination

Provider Qualifications

- Manage an electronic information system;
- Maintain standard operating hours;
- Flexible staffing hours to accommodate the needs of people receiving services including nights and weekends;
- Have means for people and their families to contact the provider in the event of an emergency and at times other than standard operating hours;
- Maintain a toll free number and accessible communication system;



Resource Coordination Provider Qualifications

- Be knowledgeable of the eligibility requirements and application procedures of federal, State, and local government assistance programs;
- Have a management team with at least three (3) years experience providing case management/coordination services;
- Have no legal sanctions or judgments within the past ten (10) years.



Provider Qualifications

Private DDA licensed Resource Coordination providers must:

- Not provide direct services (Residential, Vocational, Day, Family or Individual Support Services) to people receiving funding from the DDA;
- Not provide resource coordination services to any person receiving direct services from a parent, subsidiary, or otherwise affiliated company;
- Have the ability to provide services to a minimum of 100 people; and
- Provide resource coordination in all areas of the region.

Staff Qualifications

- Exception process for life experiences and insights for people with disabilities, family member, and former resource coordinators.
- Parity with the public (i.e. Health Departments) and private sector (i.e. community agencies) providers.
- Grandfather clause for existing resource coordinators



Resource Coordination Supervisor

Resource Coordination supervisor means a person who is employed to provide oversight of Resource Coordination services rendered as well as consultation and relevant training to Resource Coordinators, and who has:

- 1) Advanced degree in human services and one (1) year experience; or Bachelor's degree in human services with three (3) years experience; or AA degree in human services with five (5) years experience;

Note: Resource Coordination Supervisors employed for a minimum of one (1) year by July 1, 2013 with an existing DDA licensed Resource Coordination agency can be grandfathered as a qualified Resource Coordination Supervisor in lieu of education requirement noted above.



Resource Coordination Supervisor

2) Three (3) or more years experience in any combination of the following:

- a) Coordinating services for people in Medicaid and/or waiver programs;
- b) Coordinating services for people with Intellectual/Developmental Disabilities;
- c) Social services intake and referral services;
- d) Data collection, analysis, and reporting;
- e) Staff supervision; and/or
- f) Demonstrated skills necessary for leadership.



Resource Coordination Supervisor

- 3) Has demonstrated skills and working knowledge in:
- a) Negotiation and conflict management;
 - b) Crisis management;
 - c) Community resources including generic, local, state, and federal programs and resources;
 - d) Determining the most integrated setting appropriate to meet the person's needs
 - e) Coordinating and facilitating planning meetings;
 - f) Assisting people in gaining access to services and supports;
 - g) Coordinating services;
 - h) Monitoring the provision of services to people; and
 - i) In regulations governing services for people with developmental disabilities.

Resource Coordination Supervisor

- 4) Availability days, nights, and weekends, as needed;
- 5) Not been determined to be:
 - a) Simultaneously employed by a DDA licensed agency;
 - b) On the Medicaid exclusion list;
 - c) Convicted of a crime of violence in violation of Criminal Law Article 14-101, annotated code of Maryland;
 - d) In violation of Health-General Article 7-1102 annotated code of Maryland; and
 - e) A person with a criminal history which would indicate behavior potentially harmful to people receiving services documented either through a criminal history records check or a criminal background check, pursuant to Health-General Article 19-1902 et seq., Annotated Code of Maryland and COMAR 12.05.03.

Resource Coordinator

Means a person who is employed by the Resource Coordination agency to provide Resource Coordination services and is chosen as the resource coordinator by the person or the person's legally authorized representative, and:

- 1) Has a Bachelor's degree in human services and one (1) year of experience or an Associates of Arts degree in a human services field with a total of three (3) years experience in any one or a combination of the following;
 - a) Coordinating services for people in Medicaid and/or waiver programs;
 - b) Coordinating services for people with intellectual disabilities/developmental disabilities (ID/DD); and/or
 - c) Social Service intake and referral services;

Resource Coordinator

Notes:

- (1) Resource coordinators employed for a minimum of one (1) year by July 1, 2013 with an existing DDA licensed Resource Coordination agency can be grandfathered as a qualified Resource Coordinator in lieu of education requirement noted above.
- (2) Exception to qualifications requirements can be submitted to the DDA for consideration based on approved agency policy.



Resource Coordinator

2) Has demonstrated skills and knowledge in:

- a) Negotiation and conflict management;
- b) Crisis management;
- c) Community resources including generic, local, state, and federal programs and resources;
- d) Determining the most integrated setting appropriate to meet the person's needs;
- e) Coordinating and facilitating planning meetings;
- f) Assisting people in gaining access to services and supports;
- g) Coordinating services;
- h) Regulations governing services for people with developmental disabilities; and
- i) Monitoring the provision of services to people.

Resource Coordinator

- 3) Availability days, nights, and weekends, as needed;
- 4) Not been determined to be:
 - a) Simultaneously employed by a DDA licensed agency;
 - b) On the Medicaid exclusion list;
 - c) Convicted of a crime of violence in violation of Criminal Law Article 14-101, annotated code of Maryland;
 - d) In violation of Health-General Article 7-1102 annotated code of Maryland; and
 - e) A person with a criminal history which would indicate behavior potentially harmful to people receiving services documented either through a criminal history records check or a criminal background check, pursuant to Health-General Article 19-1902 et seq., Annotated Code of Maryland and COMAR 12.05.03.

Staff Training

- Recommended by the workgroups
- Defined by position
 - ✓ Resource coordinator
 - ✓ Resource Coordination Supervisor



Staff Training

All DDA licensed Resource Coordination providers must ensure through appropriate documentation that Resource Coordination staff receives training in person directed supports focusing on outcomes.



Staff Training

Topics in support of outcomes including:

- 1) Person specific training (i.e. individual behavior support plan, communication modes, aging, life transition; etc.);
- 2) Overview of the Developmental Disabilities Administration;
- 3) Fundamental rights;
- 4) Creating adaptations to enhance understanding (i.e. assistive technology, material adaptations, interpretive services, etc.);
- 5) Holistic quality of life versus traditional service provision model*;
- 6) Specialized services and support systems for people with unique needs (i.e. autism, co-occurring, forensic, aging, life transitions, medically complex, etc.);

*Requires annual retraining or certification renewal as appropriate.

Staff Training

Topics in support of outcomes including:

- 7) Facilitating personal choice*;
- 8) Community resources including, but not limited to: generic, local (i.e. Core Service Agencies, Health Departments, Department of Social Services, Local Area on Aging, Division of Rehabilitation Services (DORS), etc.), State (i.e. Maryland State Department of Education (MSDE), Department of Human Resources (DHR), Mental Hygiene Administration (MHA), Department of Juvenile Services (DJS), Maryland Medicaid services, Alcohol and Drug Abuse Administration (ADAA), Aging, Department of Housing and Community Development (DHCD), etc.), and federal (Social Security, Medicare, etc.) programs, initiative, and resources;

*Requires annual retraining or certification renewal as appropriate.

Staff Training

Topics in support of outcomes including:

- 9) Determining satisfaction of people receiving services;
- 10) Systems and protocols for monitoring the provision of services to people in service;
- 11) Planning and support in a person directed services model;
- 12) Coordination and facilitation of person-directed plans that are designed to support people's needs, preferences, desires, goals, and outcomes in the most integrated setting;
- 13) Roles and responsibilities in serving as an agent of the person;
- 14) State waiver programs, DDA and waiver regulations, eligibility criteria, and application procedures;



Staff Training

Topics in support of outcomes including:

- 15) Negotiation and conflict resolution;
- 16) Recognition and reporting of abuse, neglect, and exploitation*;
- 17) Transition planning;
- 18) Working with families and support networks;
- 19) Developing strategies for helping people connect to their communities such as establishing relationships, friendships, and participating in community events, organizations, functions, etc.;
- 20) Personal budgets for people receiving services; and
- 21) Other training components as considered necessary by the DDA.

*Requires annual retraining or certification renewal as appropriate.

Staff Training

Supervisors also require training in the following:

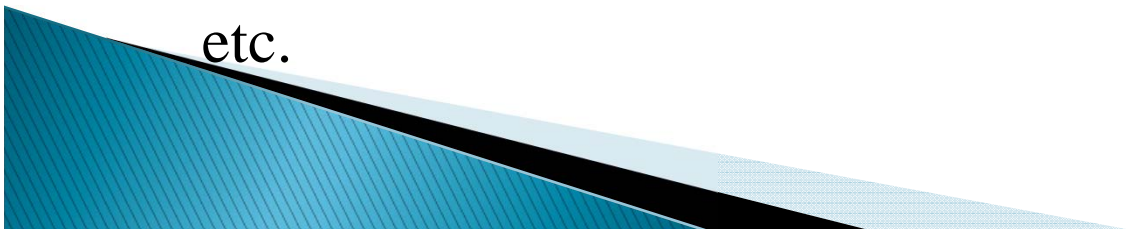
- 1) Data collection, analysis, and reporting;
- 2) Coaching, mentoring, and feedback skills; and
- 3) Creative problem solving.



Provider Interest Meeting

- Interested providers must attend a DDA single point of entry session and submit and have approved by DDA a:
 - ✓ Business Plan;
 - ✓ Program Service Plan to include the definition of maximum capacity, staff ratios, innovative customer services plan, etc.;

Note: A customer service plan contains unique strategies and services to meet the needs the various people DDA supports (i.e. people with complex medical needs, mental health challenges, court involved, etc.), families, providers, DDA, etc.



DDA Licensed Provider Requirements

- ✓ Formal written policies and procedures;
- ✓ Formal written Quality Assurance Plan which includes self assessment, remediation, monitoring, system improvements, and reporting strategies related to the quality and compliance with scope of work and customer services plan;
- ✓ Previous 10 year licensing reports (if applicable); and
- ✓ Documentation of strategies for locating community-based public, private, and generic resources.



Provider Selection Process

The selection criterion includes:

- ✓ Application submission requirements;
- ✓ Provider qualifications;
- ✓ Overall quality of services being proposed;
- ✓ Value added for people receiving services; and
- ✓ Most advantageous offer for the State.



Transition Plan

- ✓ Current Resource Coordination Providers are required by contract to participate in transition planning in the event their services are discontinued.
- ✓ DDA will work with each provider and the Developmental Disabilities Coalition for the best, least disruptive, transition of resource coordination services for people and families.



Frequently Asked Questions

1. Can an agency apply to serve more than one region?

Yes, applications must be submitted for each region.

2. Will proprietary policies and procedures of an applicant be shared with other applicants?

No, but proprietary information must be identified as such in your proposal.

3. Can a provider apply to serve all scopes of services?

All providers must provide the full (all) scopes of services.



Frequently Asked Questions

4. Do providers only serve people with Medicaid (Medical Assistance)?

No, resource coordination is not limited to people who are only Medicaid eligible. Resource coordination is available to both Medicaid and Non-Medicaid DDA eligible.

5. Do people (individuals) have to be DD eligible to receive resource coordination?

No, people in DDA's eligibility categories ("developmental disability" and "supports only") can receive services.

Frequently Asked Questions

6. Who receives Resource Coordination?

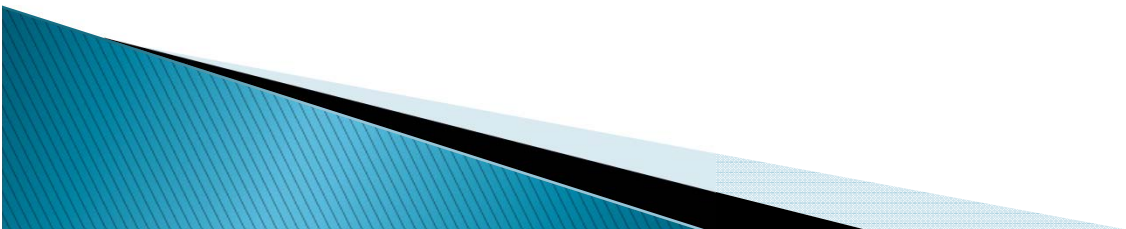
People pre-authorized by the DDA which includes:

- *people applying to the DDA,*
- *eligible people on the DDA waiting list,*
- *people currently receiving ongoing DDA funding (both Medicaid waiver and State funded people), and*
- *people transitioning from institutions meeting DDA eligibility.*

Frequently Asked Questions

7. Do Health Departments need to provide services for an entire region or only their local county?

Health Department do not have to serve the entire region. However, they can serve people outside the county they operate. Their proposed service area should be reflected in their Program Service Plan.



Frequently Asked Questions

8. What is the difference between Targeted Case Management (TCM) and Resource Coordination?

TCM is a Medicaid authority under which “Resource Coordination” services can be provided. DDA Resource Coordination services, whether under the Medicaid Authority or via State funding, are the same.

9. How is this different from the mental health TCM practices?

It is specific to people with developmental disabilities and differs in scope, qualifications, requirements, and rates.

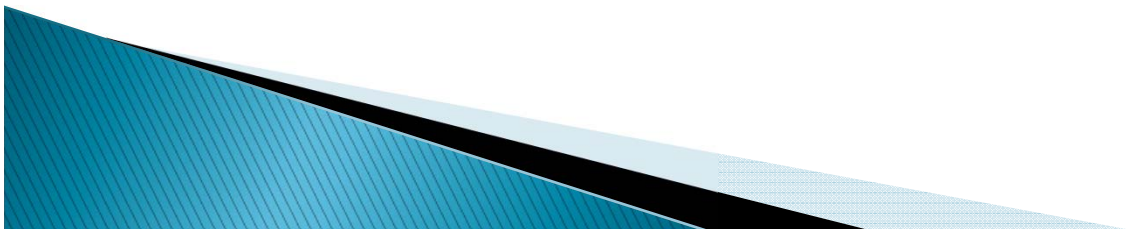


Frequently Asked Questions

10. How do Resource Coordination “Transition Coordination” services differ from Transitioning Youth services?

Resource Coordination transition coordination service is for people transferring from an institution.

Transitioning Youth would be included in the Waiting List Coordination Service.



Frequently Asked Questions

11. Can people choose their Resource Coordinator within their chosen provider?

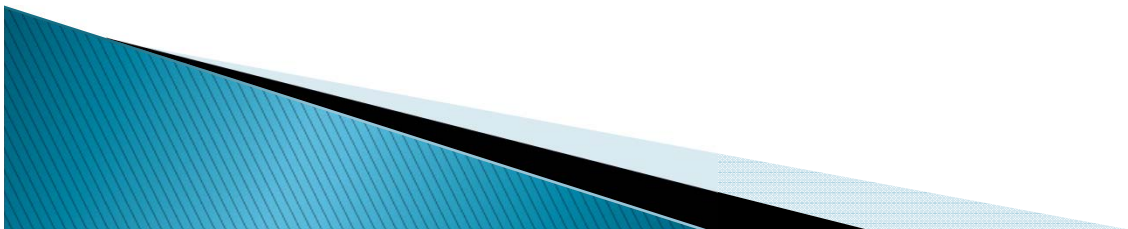
It is the DDA's intent to provide choice of Resource Coordinators to include choice of agency and staff. Agencies must describe their customer service strategies within their program and customer service plan and policies, as appropriate.



Frequently Asked Questions

12. What data needs to be provided to the DDA for Resource Coordination? *The minimum data includes:*

- *All annual IP's are completed <365 days;*
- *All annual IP's contain all information required by regulation;*
- *All people receive all services specified in the IP;*
- *All people receive routine medical care;*
- *All agency staff are trained in all required topics;*
- *People are given the choice between community based services and institutional care;*



Frequently Asked Questions

The minimum data includes:

- *People entering waiver services are offered choice of multiple providers;*
- *Resource Coordinators review all Budget Modifications for effects on health and safety;*
- *Measurable criterion created by your agency that demonstrates “services are provided in the least intrusive and least restrictive manner possible.”; and*
- *Agency specific data on Quality Assurances as outline in the provider’s quality plan.*

**Additional quality assurances, statistical, and financial data elements will be shared.*

Frequently Asked Questions

13. Will providers rely on their staff to enter billing activities?

Yes. Resource Coordinators have to enter their services provided under their own log in identification. DDA generates billing based on services activities documented in PCIS2.



Frequently Asked Questions

14. Will there be guidance regarding what is a billable activity and which category it meets?

Yes, this information will be provided in training.

15. Is documentation a billable service?

Documentation is part of the service being billed.

Documentation is not a stand alone billable activity.

Examples: If a Resource Coordinator is completing an IP, documentation of that plan would be part of the IP activity. If doing referral and related activity, documentation would be part of that activity.

Frequently Asked Questions

16. Is driving to/from appointments a billable activity?

While travel is not a direct billable activity, travel will be taken into account for the rate for billable activities.

17. Are any supervisory tasks considered a billable activity?

No, these will be taken into account for the rate for billable activities.



Frequently Asked Questions

18. If an agency has a current Medicaid provider number, do they need to re-apply for a new one if selected as a Resource Coordination provider? *Yes*

19. Does a private company have to be incorporated in Maryland, or can they be incorporated in another state?

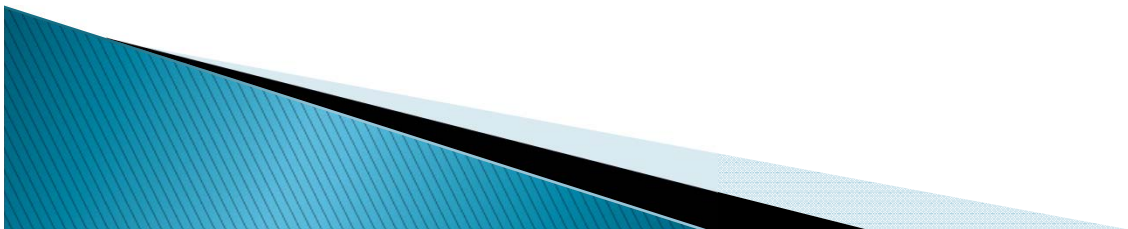
The company must be registered as a corporation in Maryland.



Frequently Asked Questions

20. How can you access regulations (COMAR)?

The public has access to COMAR via
<http://www.dsd.state.md.us/comar>.



Next Steps

- Information Sessions on:
 - ✓ Rates (October 10, 2012)
 - ✓ Payment and Billing Systems (December 4, 2012)
- Regulations based on scope of work, qualifications, etc.
- State Plan Amendment
- Waiver Amendments
- Provider Manual and Training
- Communication Strategy for people and families



Next Steps

- Information Meetings/Provider Fairs
 - ✓ People receiving resource coordination and their families
 - ✓ Providers
 - ✓ Advocates
- Enrollment – people selecting/choosing resource coordination provider
- Implementation – July 1, 2013



Questions

